



ACPE User Agreement

College Application Campaign & College Goal FAFSA Programs

By submitting a signed ACPE User Agreement, I understand and agree to the terms of participation. I understand I am obligated to follow the terms provided in this User Agreement. The user and/or employer, may at any time cancel this Agreement by submitting a signed document of cancellation. The employer must notify the commission in writing within five (5) working days to disable the account if user ceases employment or duties no longer require access to the ACPE system (also known as AZGrants).

In exchange for access to the ACPE System, the User agrees to the following terms:

User Responsibilities

- I am an employee of _____ that participates in at least one of the ACPE programs, and I have been authorized by my Employer to use this site.
- I understand the need to protect my password. I shall not share my password and/or account. I understand that I am responsible for all actions taken under my account.
- I shall contact the ACPE if I have any questions about the use of this site.
- I understand and agree to follow the rules and regulations pertaining to the Family Educational Rights and Privacy Act (FERPA) when handling student information.

User Acknowledgment

I hereby acknowledge that I have read all provisions stated in this Agreement and I have raised any questions if not understood.

I understand and agree that if I do not follow the terms of this Agreement, that this Agreement shall be terminated immediately.

New Users may request a specific user id and password, otherwise one will be assigned.

User ID: _____ Password*: _____

* Password MUST contain at least 8 Characters- including one number, one letter, and one special character. (e.g., !@#%A&*()_-=)

Printed Name of Principal or Lead Counselor: _____

Signature of Principal or Lead Counselor: _____ Date: _____

Email: _____ Phone: _____

Printed Name of User: _____ Title of User: _____

Signature of User: _____ Date: _____

Email: _____ Phone: _____

ACPE Signature: April L. Osborn Date: April 10, 2017

Mail completed form with signatures to:

College & Career Goal Arizona Attn: Judi Sloan or Daniel Helm
2020 N. Central Avenue, Suite 650, Phoenix, AZ 85004
or scan and email to jsloan@azhighered.gov